CHILDREN'S MENTAL HEALTH BUREAU

CHILDREN'S MENTAL HEALTH SERVICE PLAN (CMHSP)

MANUAL

January 2009

Childrens' Mental Health Service Plan (CMHSP)

PURPOSE of the CMHSP:

The purpose of the Children's Mental Health Service Plan (CMHSP) is to provide medically necessary mental health services for youth with Serious Emotional Disturbances (SED) who meet financial criteria.

AUTHORITY FOR CMHSP:

Administrative Rules of Montana (ARM) 37.87.1503 through 37.87.2103. Information contained in this manual is superceded by these ARMs.

PROGRAM CHARACTERISTICS

- 1. CMHSP is not an entitlement program
- 2. CMHSP is a capped program.
- 3. The program year is the state fiscal year, July 1 through June 30.
- 4. All services must be medically necessary.
- 5. Services are limited to youth with serious emotional disturbance (SED).
- 6. Funds are intended for youth who do not have Medicaid or CHIP coverage and are within 160% of the federal poverty level.

ELIGIBILITY FOR CMHSP (ARM 37.87.1503):

A youth may be found eligible for CMHSP if the youth meets the following eligibility criteria:

- 1. The youth has a serous emotional disturbance (SED) as defined in ARM 37.86.2702(2).
- 2. The family of which the youth is a member has a total family income at or below 160% of the most recently published federal poverty level (FPL).
- 3. The youth is not eligible for Medicaid.
- 4. The youth is not eligible for CHIP
- 5. The youth is 17 years and younger.

INELIGIBILITY CRITERIA:

- 1. The youth must apply for Medicaid and be denied prior to applying for CMHSP.
- 2. The youth must apply for CHIP and be denied prior to applying for CMHSP.
- 3. A youth who is in a correctional or detention facility is not entitled to services under the plan, except as specifically provided in ARM 37.87.1703(7)

SERVICES PROVIDED UNDER CMHSP (ARM 37.87.1703).

- 1 Evaluation and assessment of psychiatric condition by licensed and Medicaid enrolled mental health provider.
- 2. Physician visits for screening and identifying psychiatric conditions and for medication management.
- 3. Medication management including lab services medically necessary for management of prescribed medications related to a covered diagnosis.
- 4. Treatment planning, individual, group and family therapy, and consultations performed by licensed psychologists, licensed clinical social workers, and licensed professional counselors for treatment of covered diagnoses either in private practice or in mental health centers are covered services.
- 5. Individual therapy and family therapy are limited to 24 visits per fiscal year. If the youth requires more than 24 sessions, there must be prior approval from First Health Services.
- 6. Group therapy does not have a limit on number of sessions.
- 7. Pharmacy has a \$425 per month limit, and is limited to psychotropic drug formulary as listed in department's Mental Health Services Plan drug formulary if medically necessary with respect to a covered diagnosis. A copy of the current formulary may be obtained from the Department of Public Health and Human Services, Addictive and Mental Disorders Division, 555 Fuller, PO Box 202905, Helena, MT 59620-2905.

SERVICES NOT COVERED BY CMHSP:

- 1. Targeted youth case management IS NOT a covered service.
- 2. The plan does not cover treatment, habilitation, or other services required by the member's mental retardation or developmental disability.
- 3. Any form of transportation services.
- 4. Any detoxification, drug or alcohol evaluation, treatment, or rehabilitation, regardless of the member's diagnosis.
- 5. Inpatient or emergency hospital services.
- 6. Inpatient psychiatric residential treatment services.

HOW TO APPLY FOR CMHSP:

To be eligible for CMHSP, a two-step eligibility process is followed. The first step is to determine if the youth's family gross income falls within the financial limits of the program. When the youth is determined financially eligible, the second step is to determine if the youth meets the definition of a youth with serious emotional disturbance (SED). The enrollment process for CMHSP uses the CHIP application process.

Step 1:

- a. A youth must be determined not eligible for Medicaid.
- b. If ineligible for Medicaid, an application for the CHIP program must be submitted. Completed applications are submitted to: CHIP, PO Box 202951,

Helena, MT 59620. A CHIP application can be obtained at the local Office of Public Assistance or via the State of Montana website site at www.chip.mt.gov. A personal interview is not required. Please allow up to six (6) weeks for the application to be processed. Youth denied Medicaid enrollment due to being over resources are automatically referred to CHIP.

- c. In order for the application to be referred to Children's Mental Health Bureau (CMHB) for consideration for CMHSP, the applicant must write the youth's name on page one (1) of the application under the Mental Health Services Heading.
- d. If the CMHB receives an application that has not been reviewed by CHIP eligibility staff, the application will be forwarded to CHIP to determine CHIP eligibility.
- e. CHIP eligibility staff will determine if the youth's family income falls within 160% of the federal poverty level using guidelines for CHIP.
- f. When youth is determined financially eligible but is on wait list for CHIP, the application is forwarded to CMHB to determine whether the youth is eligible for CMHSP until enrollment into the CHIP can occur.

Step 2.

a. Current clinical information in the form of a psychological assessment with a DSM-IV diagnosis (completed by a licensed psychologist, social worker, professional counselor within the past 6 months), and social history is submitted to:

Children's Mental Health Bureau Attn: CMHSP PO Box 202951 Helena, MT 59301

The CMHB staff will determine whether the youth meets the criteria for serious emotional disturbance (SED) pursuant to the SED definition set forth in ARM 37.86.3702(2).

ELIGIBILITY DETERMINATION FOR CMHSP:

- 1. Upon receipt of the application for CMHSP enrollment (CHIP application) and the required clinical documentation, the CMHB staff will provide a written response with the Bureau's decision to the applicant within ten (10) workdays. If the information is incomplete or not current, CMHB will ask for additional information. The 10-day notification timeline will be suspended until the requested information is received by CMHB. The request for additional information will be in writing and set forth a date by which the information is to be provided.
- 2. The effective date for eligibility is the date the application is received by CHIP. **Eligibility for CMHSP is not retroactive**.
- 3. Eligibility will be for a period of up to twelve months, depending upon the funding available for the CMHSP.

- 4. Eligibility may be for a period of twelve months unless the enrolled member's family gross incomes rises above *160%* of the federal poverty level, or there are changes in clinical conditions that may result in the enrolled youth no longer meeting the SED requirements.
- 5. Applicants and their legal guardian are responsible to inform CMHB of any change in their financial situation that results in the family gross income rising above 160% of the FPL. The notice of financial changes is to be in the form of a new application submitted to CMHB within five working days of the change being identified. Submit to:

Children's Mental Health Bureau

Attn: CMHSP PO Box 202951

Helena, MT 59602-2951

6. Applicants and their legal guardian are responsible to inform CMHB of any clinical changes within five working days of the change being identified. The changes must be submitted in writing to:

Children's Mental Health Bureau

Attn: CMHSP PO Box 202951

Helena, MT 59602-2951

ELIGIBILITY RENEWAL:

- 1. Renewal information and instructions will be sent to the enrolled member 30 days prior to expiration of eligibility. This application will be used to determine financial and SED eligibility. A new (within 6 months) clinical assessment and psychosocial history that includes current functioning is required for a renewal.
- 2. If renewal is not completed within 30 days of expiration, eligibility for CMHSP will be terminated.
 - a. If the renewal application is received within 30 days following expiration, the renewal will be effective retroactive to the date of expiration, with no lapse in eligibility.
 - b. If the renewal application is received after the 30-day grace period, and if the applicant is determined to continue to meet financial eligibility, the eligibility will be effective the date the application was received by CMHB and there may be a gap in coverage. CMHSP is not responsible for expenses during incurred the gap.

ELIGIBILITY DENIALS:

- 1. The application will be denied if the youth does not meet SED definition, is over the age of 17, or does not fall within 160% of FPL.
- 2. When additional or corrected information is requested and not received by the date specified, the application will be denied for lack of timeliness. The applicant can request an extension of the due date to respond for good cause. The request must be submitted in writing, and the extended time period must be

agreed to by CMHB. The request for additional time is limited to one extension request.

- 3. When the youth meets the eligibility for CMHSP, but the CMHSP enrollment cap has been reached and/or the funding cap has be reached, the application will be approved but enrollment denied because the cap has been reached. The applicant will be placed on a waiting list. Enrollment from the waiting list will be made in order of severity of need, with qualified applicants whose needs are most severe first, as determined by the department based on diagnosis and functional impairment. If funding becomes available, the applicant will be moved from the waiting list to enrollment in CMHSP. The applicant will be notified in writing of the status change.
- 4. When a youth enrolled in CMHSP is determined to no longer meet eligibility, a ten day advance written notice will be sent to the youth and legal guardian of termination of CMHSP. Termination will occur ten days from the date on the letter of termination. Notice will be thorough regular US mail.

GRIEVANCE AND RECONSIDERATION for CMHSP (ARM 37.87.2103)

If an applicant disagrees with the determination, the applicant may file a grievance or request reconsideration from the CMHB.

A new application may be submitted anytime the applicant's family gross income decreases sufficiently to fall below 160% of the federal poverty level, and/or the applicant's condition changes sufficiently to meet the SED requirements.

If the applicant is then found eligible, the effective date will be the date the subsequent application was received by CHIP. When the reapplication is for financial reasons, and if a previous clinical assessment was completed within six months of the second application, a new clinical assessment and psychosocial history is not required.

BILLING AND REIMBURSEMENT FOR CMHSP (ARM 37.87.1733)

Billing is submitted to Affiliated Computer Services (ACS) and processed through the Medicaid payment system